Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

015-

SFUND RECORDS CTR 999000283

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

Name (PRINT ON TYPE)	ASBURY OIL CO. 13419 Halldale Ave., Gardens, California 90249 Phone: (213) 321-1392
Pick up Address: (NUMBEN) (STREET) (CITY) Telephone Number: (/ · c · / / (Jam
Order Placed By Date	
Order Placed By:Date	N
Type of Process which Produced Wastes:	Job No.:No. of Loads or Trips: Unit Noi
(Examples: metal plating, equipment cleaning, oil driffing ' con wastewater treatment, pickling bath, petroleum refining)	NO. Vehicle: vacuum truck / barrels, flatbed, other
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1. L Acid solution 6. L. Tetraethyl lead sludge 11. L Contaminated soil and	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
2. Alkaling solution 7. Chemical toilet wastes 12. Cannery waste	SIGNATURE OF AUTHORIZED AGENT AND TITLE
3. [] Pesticides 8. Tank bottom sediment 13. Latex waste	DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 9. Oil 14. Mud and water	Name (print or type): OFERATING 12/10-37/14
5. Solvent 10. Drilling mud 15. Brine	Site Address: MOVTERTY PARK CODE. NO.
Other (Specify)	The hauler above delivered the described waste to this disposal facility and it was an acceptable
	material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), inetals (list), Upper Lower % ppm organics (list), cyanide)	Quantity measured at site (if applicable): State fee (if any):
	Handling Method(s):
	□ recovery
2.	
3.	treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
4.	disposal (specify): pond spreading landfill injection well other (specify):
5.	, , , , , , , , , , , , , , , , , , ,
	If waste is held for disposal elsewhere specify final location:
	Disposal Date:
Hazardous Properties of Waste: pH none toxic flammable corrosive explosive	that the foregoing is true and correct.
	SIGNATURE OF KOTHOMER LABORRE TITLE
Bulk Volume:	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER) drums cartons bags other (seecul	
	· · · · · · · · · · · · · · · · · · ·
Physical State: Solid Diquid Sludge Other (SPECIA	<u></u>
Special Handling Instructions (if any):-	
	V V
	K001215
The waste is described to the best of my ability and it was delivered to a licensed liquid waste had applicable).	er (if
I certify (or declare) under penalty of perjury	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
that the foregoing is true and correct.	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
SIGNATURE OF AUTHORIZED AGENT AND TITL	D.O.T. Proper Shipping Name